

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 595945

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5	1					
6	1					
7	1					
8	①					
9	②					
10	③					
11	④					
12	⑤					
13	⑥					
14	⑦					
15	⑧					
16	⑨					
17	⑩					
18	⑪					
19	⑫					
20	⑬					
21	1					
22		1				
23		1				
24		1				
25		1				
26	1					
27	①	1				
28	1		1			
29	②		1			
30	③		1			
31	④		1			
32	⑤		1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2					
TOTAL DEP.	35					
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
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96						
97						
98						
99						
100						
TOTAL IND.					2	
TOTAL DEP.					24	
TOTAL CLAIMS	37				210	

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